#8/appeal brief
Lawman
6-4-03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES

In re Application of L. Leonard Hacker

Serial No.:	09/525,244	Group Art Unit:	3626
Filed:	03/15/2000	Examiner:	Morgan, R.

For: **PATIENT-CONTROLLED MEDICAL INFORMATION SYSTEM AND METHOD**

* *
APPELLANT'S BRIEF ON APPEAL UNDER 37 C.F.R. § 1.192
* *

Mail Stop Appeal Brief - Patents
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In accordance with the provisions of 37 C.F.R. § 1.192, Appellant submits the following:

I. REAL PARTY IN INTEREST

Based on information supplied by Appellant, and to the best of Appellant's legal representatives' knowledge, the real party in interest is the assignee/inventor, L. Leonard Hacker.

II. RELATED APPEALS AND INTERFERENCES

Appellant, as well as Appellant's assigns and legal representatives are unaware of any appeals or interferences which will be directly affected by, or which will directly affect, or have a bearing on the Board's decision in the pending appeal.

III. STATUS OF CLAIMS

Claims 1-46 are currently pending. No claims have been allowed. No claims have been canceled. Claims 1-46 are appealed. Claims 1-46, as finally rejected, are set forth in the attached Appendix.

IV. STATUS OF AMENDMENTS

No amendments have been filed in the application.

V. SUMMARY OF THE INVENTION

Appellant's disclosed and claimed invention is directed to a patient-controlled medical information system and method.

The claimed patient-controlled electronic medical record system comprises and method uses (see claims 1 and 19, as well as fig. 1 and 14:9 to 15:12 of the specification) a medical information server (120 of fig. 1 and 14:11) connected to a network (130 in fig. 1 and 14:11-12); a medical information database (110 in fig. 1 and 14:9-11) connected to the medical information server; a plurality of patient medical records (see 14:9-11) stored on the medical information database; a plurality of medical provider computers connected to the network (140 in fig. 1 and 14:12 to 15:18) and having software to communicate with the medical information server (browser software at 13:20 to 14:3, 14:12-14, 20:20-21); means for patients to allow medical provider computers to access patient-selected portions of the patient's medical record for viewing and adding to the patient's

medical record (unique access identification means and passphrase protection of sensitive data at 14:4-18,14-21); and means for patients to access all portions of their medical record using browser software on a computer connected to the network (fig. 2 and 16:5-10).

The medical information server can also include/use software means for: (i) formatting patient-selected medical data from their medical record for viewing by patients (claims 2 and 20, fig.s 2, 3, and especially 4 as well as 15:19 to 18:17); for generating medical reminders to patients (claims 3 and 21, fig. 5 and 18:20 to 19:6) that can be transmitted by electronic mail (claims 4 and 22, 503 in fig. 5), facsimile transmission (552 in fig. 5), telephone (551 in fig. 5), telephonic text messaging (551 in fig. 5), pager (553 in fig. 5), and mail (554 in fig. 5).

The medical provider computer software can be a browser client (claims 5 and 23, browsers discussed earlier and 20:20-22) and the network can be a public network (claims 6 and 24, 130 in fig. 1, 14:11-12) that can be the Internet (claims 7 and 25, 14:12 and 20:20-22).

Patients can allow medical provider computers to access patient-selected portions of the patient's medical record for viewing and adding to the patient's medical record with a patient-supplied unique access identification means (claims 8 and 26, 14:4-9), including alpha-numeric passphrases, smart cards,

biometric samples, bar coded cards, and bar coded bracelets (claims 9 and 27).

The server of the system and method can include software to: (i) check patients' written and filled prescriptions for interactions, allergies, age-dosage suitability, weight-dosage suitability, and sex-appropriateness (claims 10 and 28, 15:3-6); (ii) track medical provider inventories (claims 11 and 29, 22:16-19); (iii) produce inventory reports for medical providers (claims 12 and 30, 22:16-19); (iv) automatically reorder depleted inventory items for medical providers (claims 13 and 31, page 22:16-19); and (v) schedule patient appointments (claims 14 and 32, 435 of fig. 4, 18:4-8).

The server can further include/use software and interface means to notify patients with reminders or adjustments of scheduled appointments (claims 15 and 33, 435 of fig. 4, 530 of fig. 5, 18:4-8 and 18:18 to 19:9) by telephone voice messaging, facsimile, wireless text messaging, e-mail, and mail (fig. 5).

The server can also include software to: (i) track patient medical costs (claims 16 and 34, 437 of fig. 4, 18:13-17); (ii) anonymously identify appropriate patients or anonymously extract appropriate data for medical research requests (claims 17 and 35, 590 of fig. 5, 19:17 to 20:2); and (iii) respond to patient-preauthorized requests from third parties to electronically transmit medical record information to a remote location (claims 18 and 36, 580 of fig. 5, 19:10-16).

The patient-controlled electronic medical record system and method can include/use means for transferring: (i) hard copy medical record information into an electronic format for storage in the medical information database (claims 37-38, 530 of fig. 5, 20:3-10); and (ii) patient medical record information from other sources in an electronic format for storage in the medical information database (claims 39-40, 530 of fig. 5, 20:11-14), which can also provide for auditing the patient medical record information from other sources and correcting the patient medical record information from other sources as needed (claims 41-42, 20:14-18).

The present invention can also provide for transferring a complete patient medical record from the medical information database to a medical provider for temporary offline use (claims 43-44, 22:10-15).

The medical provider software of the present invention can also be/use an e-mail client and means for sending patient medical record information associated with the server responds to an order selected from the group consisting of preauthorized events, patient requests, and medical provider requests sent to an autoresponder using patient supplied information (claims 45-46, fig. 1, 15:19 to 16:4).

VI. ISSUES

The issues on Appeal are:

Are claims 1-2, 5-9, 14, 19-20, 23-27, 32, and 37-44 obvious over U.S. Patent No. 5,924,074 to Evans in view of U.S. Patent No. 6,076,166 to Moshfeghi et al.?

Are claims 3-4, 15, 21-22, and 33 obvious over U.S. Patent No. 5,924,074 to Evans in view of U.S. Patent No. 6,076,166 to Moshfeghi et al. and further in view of U.S. Patent No. 6,024,699 to Surwit et al.?

Are claims 10 and 28 obvious over U.S. Patent No. 5,924,074 to Evans in view of U.S. Patent No. 6,076,166 to Moshfeghi et al. and further in view of U.S. Patent No. 5,737,539 to Edelson et al.?

Are claims 11-13 and 29-31 obvious over U.S. Patent No. 5,924,074 to Evans in view of U.S. Patent No. 6,076,166 to Moshfeghi et al. and further in view of U.S. Patent No. 5,823,948 to Ross, Jr. et al.?

Are claims 16 and 34 obvious over U.S. Patent No. 5,924,074 to Evans in view of U.S. Patent No. 6,076,166 to Moshfeghi et al. and further in view of U.S. Patent No. 5,772,585 to Lavin et al.?

Are claims 17, 32, and 45-46 obvious over U.S. Patent No. 5,924,074 to Evans in view of U.S. Patent No. 6,076,166 to Moshfeghi et al. and further in view of Official Notice?

And, although not explicitly repeated in the Final Rejection, are claims 18 and 36 obvious over U.S. Patent No. 5,924,074 to Evans in view of U.S. Patent No. 6,076,166 to Moshfeghi et al. and further in view of U.S. Patent No. 6,330,499

to Chou et al.?

VII. GROUPING OF CLAIMS

Appealed claims 1-2, 5-9, 14, 19-20, 23-27, 32, and 37-44 stand or fall together.

Appealed claims 3-4, 15, 21-22, and 33 stand or fall together based on their separate grounds of rejection.

Appealed claims 10 and 28 stand or fall together based on their separate grounds of rejection.

Appealed claims 11-13 and 29-31 stand or fall together based on their separate grounds of rejection.

Appealed claims 16 and 34 stand or fall together based on their separate grounds of rejection.

Appealed claims 17, 32, and 45-46 stand or fall together based on their separate grounds of rejection.

Appealed claims 18 and 36 stand or fall together based on their separate grounds of rejection.

VIII. ARGUMENTS

Claim Rejections - 35 USC §103

Claims 1-2, 5-9, 14, 19-20, 23-27, 32, and 37-44 were rejected as being obvious over U.S. Patent No. 5,924,074 to Evans in view of U.S. Patent No. 6,076,166 to Moshfeghi et al.

To establish a *prima facie* case of obviousness, three basic criteria must be met (See M.P.E.P. Section 2143). First, there must be some suggestion or motivation, either in the references

themselves or in the knowledge generally available to one of ordinary skill in the art, to modify the reference or to combine reference teachings. *In re Fine*, 837 F.2d 1071, 5 USPQ2d 1596 (Fed. Cir. 1988); *In re Jones*, 958 F.2d 347, 21 USPQ2d 1941 (Fed. Cir. 1992).

Second, there must be a reasonable expectation of success. This requirement is primarily concerned with less predictable arts, such as the chemical arts.

Finally, the prior art must teach or suggest each and every limitation of the claimed invention, as the invention must be considered as a whole. *In re Hirao*, 535 F.2d 67, 190 U.S.P.Q. 15 (C.C.P.A. 1976).

The teaching or suggestion to make the claimed combination and the reasonable expectation of success must both be found in the prior art, not in Apellant's disclosure. *In re Vaeck*, 947 F.2d 488, 20 USPQ2d 1438 (Fed. Cir. 1991).

In the present case, at least the first and third of these criteria have not been met in the Final Office Action.

No Motivation to Combine

First, there is no suggestion or motivation, either in the references or in the knowledge generally available to one of ordinary skill in the art, to modify the medical information system or method of Evans with the personalized hospital intranet Web sites of Moshfeghi et al. in order to provide means for

patients to allow medical provider computers to access patient-selected portions of the patient's medical record for viewing and adding to the patient's medical record.

Note that the rejection in Paper No. 2 only states that it would have been obvious "to include the limiting of access privileges to view patient records" of Moshfeghi et al. to the system of Evans "with the motivation of keeping records of 'VIP' patient[s] (politicians, actors, etc.) restricted due to the increasing potential for adverse publicity and blackmail." Access limitations based on the patient ID, as taught by Moshfeghi et al., has little or no bearing on what entity controls and makes these access decisions. Both Evans and Moshfeghi et al. subscribe to the prior art teaching of having the medical establishment (i.e., hospital) control this aspect of the medical information, whereas the present invention allows the patient to control this aspect of his/her medical information.

As per MPEP 2141.02, a prior art reference must be considered as a whole, *including portions that would lead away* from the invention. *W. L. Gore and Associates, Inc. v. Garlock, Inc.*, 220 USPQ 303 (Fed Cir. 1983).

In the present case, the medical information system or method of Evans and the personalized hospital intranet Web sites of Moshfeghi et al. teach against the claimed "means for patients to allow medical provider computers to access patient-selected

portions of the patient's medical record for viewing and adding to the patient's medical record" of independent claim 1 or "providing patients with means to allow medical provider computers to access patient-selected portions of the patient's medical record for viewing and adding to the patient's medical record" of independent claim 19 since, considered as a whole, both of these references teach that electronic medical records are controlled by the medical institutions. For example, Evans discloses at column 15, lines 18-20 that "the present invention can support a large healthcare enterprise distributed across a large geography as well as a single physician office." Likewise, Moshfeghi et al. discloses, at column 1, lines 10-12 that "the present invention addresses personalization on an internal network, known as an intranet, maintained by a hospital or similar institution."

In the applied prior art of Evans and Moshfeghi et al., patients do not control access by medical provider computers to *patient-selected portions* of the patient's medical records. Indeed, neither of these references suggests doing anything different with the electronic medical records than what is typically done with paper-based patient records. Evans merely discloses at column 15, lines 29-31 that "a patient may request restricted access to their data by only certain personnel" and Moshfeghi et al. merely discloses that patients should be able to view their records. Both references teach the ordinary concept

that medical personnel access to patient records should be patient dependent (see column 15, lines 26-29 of Evans and column 6, lines 61-62 of Moshfeghi et al.), but do not teach or fairly suggest limiting access to patient-selected portions.

In view of this, it is clear that the stated reason to combine Evans and Moshfeghi et al., limited access of patient medical records to institution-authorized personnel, was not necessary and was clearly misguided hindsight reasoning based on the erroneous equivalence of "user privileges [to patient records] being patient dependent" (see the first full paragraph of page 5 of Paper No. 5) with the claimed limitations to patient means "to allow medical provider computers to access patient-selected portions of the patient's medical record for viewing and adding to the patient's medical record." These are not equivalent, as discussed below.

All Claim Limitations Not Shown

Neither of the cited references disclose means for patients "to allow medical provider computers to access patient-selected portions of the patient's medical record for viewing and adding to the patient's medical record," as presently required by the claims.

As discussed in the response to the first Office Action, the presently claim invention is drawn to a *patient-controlled* medical information system and method. In independent claim 1,

the system is patient-controlled due to inclusion of the limitation to "means for *patients to allow* medical provider computers to *access patient-selected portions* of the patient's medical record for viewing and adding to the patient's medical record." In independent claim 19, the method is patient-controlled due to the inclusion of the step of "providing *patients with means to allow* medical provider computers to *access patient-selected portions* of the patient's medical record for viewing and adding to the patient's medical record."

Paragraph 2 of Paper No. 2 stated that Evans fails to expressly teach the above-mentioned limitations, and relied upon Moshfeghi et al. as teaching "a system of personalizing hospital's web site regarding access privileges for example, all physicians who treat a patient may see that a patient is undergoing psychiatric treatment, but the details...may be privileged to the attending psychiatrist and patient (see: column 5, lines 27-45). In addition, the patients are able to see their own computer based patient record (CPR) in full detail (see: column 5, line 43). Moshfeghi further teaches that the user privileges are access control rules are patient dependent (see: column 6, lines 61-62)."

Although Appellant agrees that Moshfeghi et al. teaches access control of patient records via user privileges that are patient-dependent, i.e., access to "VIP" patients records may be

further restricted (see: column 5, lines 39-41), nowhere does Moshfeghi et al. teach or fairly suggest having the *patients themselves allow access to patient-selected portions* of their own record. Record access that is patient-dependent is not the same as patient-controlled access to records, even under a "broadest reasonable interpretation" since that must also be *consistent with Appellant's specification*. Appellant's specification discloses that the patient's medical records are controlled by the patient such that medical caregivers are only allowed access to the portions of the patient's records that the patient allows. As stated at page 14, lines 5-13, Appellant discloses:

> "When patients have allowed access, medical providers 140 can view appropriate portions of the patients medical record, and add information to the patient=s medical record where appropriate. By limiting access to needed information, the patient=s privacy can be increased. For example, pharmacists 140 would have access to prescription information but typically would not be given access to information concerning allergies, heart or liver conditions, age, weight, etc. since the checking/screening of this interaction information can be provided by software on the server 120. When a medical provider 140 feels they need access to blocked portions, the medical provider 140 can ask the patient for a patient-selected passphrase, and the patient can decide whether or not to grant access."

Indeed, Moshfeghi et al. subscribes to the prior art system of having the medical establishment (hospitals and physicians) control access to patient medical records, with the teaching that "[p]atients *should* be able to see their own CPR's [computerized patient records], in full detail" (emphasis added). This

statement has no place in a patient-controlled system such as Appellant's.

Because all of the rejections depend on the combination of Evans and Moshfeghi et al. as applied to claim 1, and because neither Evans, nor Moshfeghi et al., nor any of the other cited art teaches or fairly suggests means for *patients to allow* medical provider computers to access *patient-selected portions* of the patient's medical record, Appellant submits that the presently claimed invention is both novel and non-obvious over the prior art.

In view of the above arguments, Appellant respectfully submits that claims 1-2, 5-9, 14, 19-20, 23-27, 32, and 37-44 are novel and non-obvious over U.S. Patent No. 5,924,074 to Evans in view of U.S. Patent No. 6,076,166 to Moshfeghi et al.

Claims 3-4, 15, 21-22, and 33 were rejected as being obvious over U.S. Patent No. 5,924,074 to Evans in view of U.S. Patent No. 6,076,166 to Moshfeghi et al. as applied to claim 1 above, and further in view of U.S. Patent No. 6,024,699 to Surwit et al.

As discussed above with respect to claims 1 above, Evans and Moshfeghi et al. lack the teachings and elements required to establish a *prima facie* case of obviousness with respect to independent claim 1. Surwit et al. merely discloses computer-based remote patient monitoring and fails to remedy any of the cited deficiencies of Evans and Moshfeghi et al., so the

combination of Evans and Moshfeghi et al. and Surwit et al. fails to establish a *prima facie* case of obviousness for the same reasons cited above with respect to claim 1.

Accordingly, Appellant respectfully submits that claims 3-4, 15, 21-22, and 33 are novel and non-obvious over U.S. Patent No. 5,924,074 to Evans in view of U.S. Patent No. 6,076,166 to Moshfeghi et al. as applied to claim 1 above, and further in view of U.S. Patent No. 6,024,699 to Surwit et al.

Claims 10 and 28 were rejected as being obvious over U.S. Patent No. 5,924,074 to Evans in view of U.S. Patent No. 6,076,166 to Moshfeghi et al. as applied to claim 1 above, and further in view of U.S. Patent No. 5,737,539 to Edelson et al.

As discussed above with respect to claims 1 above, Evans and Moshfeghi et al. lack the teachings and elements required to establish a *prima facie* case of obviousness with respect to independent claim 1. Edelson et al. merely discloses computer-based prescription system and fails to remedy any of the cited deficiencies of Evans and Moshfeghi et al., so the combination of Evans and Moshfeghi et al. and Edelson et al. fails to establish a *prima facie* case of obviousness for the same reasons cited above with respect to claim 1.

Accordingly, Appellant respectfully submits that claims 10 and 28 are novel and non-obvious over U.S. Patent No. 5,924,074 to Evans in view of U.S. Patent No. 6,076,166 to Moshfeghi et al.

as applied to claim 1 above, and further in view of U.S. Patent No. 5,737,539 to Edelson et al.

Claims 11-13 and 29-31 were rejected as being obvious over U.S. Patent No. 5,924,074 to Evans in view of U.S. Patent No. 6,076,166 to Moshfeghi et al. as applied to claim 1 above, and further in view of U.S. Patent No. 5,823,948 to Ross, Jr. et al.

As discussed above with respect to claims 1 above, Evans and Moshfeghi et al. lack the teachings and elements required to establish a *prima facie* case of obviousness with respect to independent claim 1. Ross, Jr. et al. merely discloses computer-based medical records with inventory tracking and fails to remedy any of the cited deficiencies of Evans and Moshfeghi et al., so the combination of Evans and Moshfeghi et al. and Ross, Jr. et al. fails to establish a *prima facie* case of obviousness for the same reasons cited above with respect to claim 1.

Accordingly, Appellant respectfully submits that claims 11-13 and 29-31 are novel and non-obvious over U.S. Patent No. 5,924,074 to Evans in view of U.S. Patent No. 6,076,166 to Moshfeghi et al. as applied to claim 1 above, and further in view of U.S. Patent No. 5,823,948 to Ross, Jr. et al.

Claims 16 and 34 were rejected as being obvious over U.S. Patent No. 5,924,074 to Evans in view of U.S. Patent No. 6,076,166 to Moshfeghi et al. as applied to claim 1 above, and further in view of U.S. Patent No. 5,772,585 to Lavin et al.

As discussed above with respect to claims 1 above, Evans and Moshfeghi et al. lack the teachings and elements required to establish a *prima facie* case of obviousness with respect to independent claim 1. Lavin et al. merely discloses computer-based medical records that track cost and fails to remedy any of the cited deficiencies of Evans and Moshfeghi et al., so the combination of Evans and Moshfeghi et al. and Lavin et al. fails to establish a *prima facie* case of obviousness for the same reasons cited above with respect to claim 1.

Accordingly, Appellant respectfully submits that claims 3-4, 15, 21-22, and 33 are novel and non-obvious over U.S. Patent No. 5,924,074 to Evans in view of U.S. Patent No. 6,076,166 to Moshfeghi et al. as applied to claim 1 above, and further in view of U.S. Patent No. 5,772,585 to Lavin et al.

Claims 17, 32 and 45-46 were rejected as being obvious over U.S. Patent No. 5,924,074 to Evans in view of U.S. Patent No. 6,076,166 to Moshfeghi et al. as applied to claim 1 above, and further in view of Official Notice.

As discussed above with respect to claims 1 above, Evans and Moshfeghi et al. lack the teachings and elements required to establish a *prima facie* case of obviousness with respect to independent claim 1. The Official Notice merely discloses that anonymous medical data-mining is known and fails to remedy any of the cited deficiencies of Evans and Moshfeghi et al., so the

combination of Evans and Moshfeghi et al. and the Official Notice fails to establish a *prima facie* case of obviousness for the same reasons cited above with respect to claim 1.

Accordingly, Appellant respectfully submits that claims 17, 32 and 45-46 are novel and non-obvious over U.S. Patent No. 5,924,074 to Evans in view of U.S. Patent No. 6,076,166 to Moshfeghi et al. as applied to claim 1 above, and further in view of the Official Notice.

Claims 18 and 36 were rejected as being obvious over U.S. Patent No. 5,924,074 to Evans in view of U.S. Patent No. 6,076,166 to Moshfeghi et al. as applied to claim 1 above, and further in view of U.S. Patent No. 6,330,499 to Chou et al.

As discussed above with respect to claims 1 above, Evans and Moshfeghi et al. lack the teachings and elements required to establish a *prima facie* case of obviousness with respect to independent claim 1. Chou et al. merely discloses a system and method for vehicle diagnostics and health monitoring. In nowhere teaches or suggests software to respond to patient-preauthorized requests from third parties to electronically transmit medical record information to a remote location. Chou et al. fails to remedy any of the cited deficiencies of Evans and Moshfeghi et al., so the combination of Evans and Moshfeghi et al. and Chou et al. fails to establish a *prima facie* case of obviousness for the same reasons cited above with respect to claim 1.

Accordingly, Appellant respectfully submits that claims 18 and 36 are novel and non-obvious over U.S. Patent No. 5,924,074 to Evans in view of U.S. Patent No. 6,076,166 to Moshfeghi et al. as applied to claim 1 above, and further in view of U.S. Patent No. 6,330,499 to Chou et al.

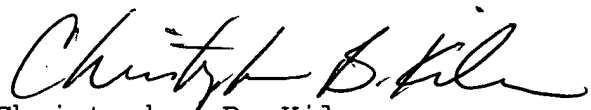
IX. CONCLUSION

For the above reasons, Appellant respectfully submits that the Examiner has failed to make out a *prima facie* case of obviousness with regard to claims 1-46, and asks that the obviousness rejection be reversed.

The present Brief on Appeal is being filed in triplicate.

Appellant hereby petitions for any extension of time that may be required to maintain the pendency of this case, and any required fee for such extension is to be charged to Deposit Account No. 18-1579.

Respectfully submitted,



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APPENDIX

1. A patient-controlled electronic medical record system comprising:

a medical information server connected to a network;

a medical information database connected to the medical information server;

a plurality of patient medical records stored on the medical information database;

a plurality of medical provider computers connected to the network and having software to communicate with the medical information server;

means for patients to allow medical provider computers to access patient-selected portions of the patient's medical record for viewing and adding to the patient's medical record; and

means for patients to access all portions of their medical record using browser software on a computer connected to the network.

2. The patient-controlled electronic medical record system of claim 1, wherein the medical information server includes software means for formatting patient-selected medical data from their medical record for viewing by patients.

3. The patient-controlled electronic medical record system of claim 1, wherein the medical information server includes software means for generating medical reminders to patients.

4. The patient-controlled electronic medical record system of claim 3, wherein the medical reminders are transmitted by a medium selected from the group consisting of electronic mail, facsimile transmission, telephone, telephonic text messaging, pager, and mail.

5. The patient-controlled electronic medical record system of claim 1, wherein the medical provider computer software is a browser client.

6. The patient-controlled electronic medical record system of claim 1, wherein the network is a public network.

7. The patient-controlled electronic medical record system of claim 6, wherein the public network is the Internet.

8. The patient-controlled electronic medical record system of claim 1, wherein the means for patients to allow medical provider computers to access patient-selected portions of the patient's medical record for viewing and adding to the patient's medical record is a patient-supplied unique access identification means.

9. The patient-controlled electronic medical record system of claim 8, wherein the patient-supplied unique access identification means is selected from the group consisting of

alpha-numeric passphrases, smart cards, biometric samples, bar coded cards, and bar coded bracelets.

10. The patient-controlled electronic medical record system of claim 1, wherein the server includes software to check patients' written and filled prescriptions for interactions, allergies, age-dosage suitability, weight-dosage suitability, and sex-appropriateness.

11. The patient-controlled electronic medical record system of claim 1, wherein the server includes software to track medical provider inventories.

12. The patient-controlled electronic medical record system of claim 11, wherein the server further includes software to produce inventory reports for medical providers.

13. The patient-controlled electronic medical record system of claim 11, wherein the server further includes software to automatically reorder depleted inventory items for medical providers.

14. The patient-controlled electronic medical record system of claim 1, wherein the server includes software to schedule patient appointments.

15. The patient-controlled electronic medical record system of claim 14, wherein the server further includes software and interface means to notify patients with reminders or adjustments of scheduled appointments by means selected from the group consisting of telephone voice messaging, facsimile, wireless text messaging, e-mail, and mail.

16. The patient-controlled electronic medical record system of claim 1, wherein the server includes software to track patient medical costs.

17. The patient-controlled electronic medical record system of claim 1, wherein the server includes software to anonymously identify appropriate patients or anonymously extract appropriate data for medical research requests.

18. The patient-controlled electronic medical record system of claim 1, wherein the server includes software to respond to patient-preauthorized requests from third parties to electronically transmit medical record information to a remote location.

19. A method for patient control of an electronic medical record comprising:

connecting a medical information server to a network;

connecting a medical information database to the medical information server;

storing a plurality of patient medical records on the medical information database;

connecting a plurality of medical provider computers to the network wherein said medical provider computers include software to communicate with the medical information server;

providing patients with means to allow medical provider computers to access patient-selected portions of the patient's medical record for viewing and adding to the patient's medical record; and

providing patients means for accessing all portions of their medical record using browser software on a computer connected to the network.

20. The method for patient control of an electronic medical record of claim 19, wherein medical information server software formats patient-selected medical data from their medical record for viewing by patients.

21. The method for patient control of an electronic medical record of claim 19, wherein the medical information server software generates medical reminders to patients.

22. The method for patient control of an electronic medical record of claim 21, wherein the medical reminders are transmitted by a medium selected from the group consisting of electronic mail, facsimile transmission, telephone, telephonic text messaging, pager, and mail.

23. The method for patient control of an electronic medical record of claim 19, wherein the medical provider computers use a browser client to interact with the medical information server.

24. The method for patient control of an electronic medical record of claim 19, wherein the network used is a public network.

25. The method for patient control of an electronic medical record of claim 24, wherein the public network used is the Internet.

26. The method for patient control of an electronic medical record of claim 19, wherein providing patients with means to allow medical provider computers to access patient-selected portions of the patient's medical record for viewing and adding to the patient's medical record uses a patient-supplied unique access identification means.

27. The method for patient control of an electronic medical record of claim 26, wherein the patient-supplied unique access identification means used is selected from the group consisting of alpha-numeric passphrases, smart cards, biometric samples, bar coded cards, and bar coded bracelets.

28. The method for patient control of an electronic medical record of claim 19, wherein the server software checks patients' written and filled prescriptions for interactions, allergies, age-dosage suitability, weight-dosage suitability, and sex-appropriateness.

29. The method for patient control of an electronic medical record of claim 19, wherein the server software to tracks medical provider inventories.

30. The method for patient control of an electronic medical record of claim 29, wherein the server software produces inventory reports for medical providers.

31. The method for patient control of an electronic medical record of claim 29, wherein the server software automatically reorders depleted inventory items for medical providers.

32. The method for patient control of an electronic medical record of claim 19, wherein the server software operates to schedule patient appointments.

33. The method for patient control of an electronic medical record of claim 32, wherein the server software further operates with interface means to notify patients with reminders or adjustments of scheduled appointments by means selected from the group consisting of telephone voice messaging, facsimile, wireless text messaging, e-mail, and mail.

34. The method for patient control of an electronic medical record of claim 19, wherein the server software tracks patient medical costs.

35. The method for patient control of an electronic medical record of claim 19, wherein the server software to anonymously identifies appropriate patients or anonymously extracts appropriate data for medical research requests.

36. The method for patient control of an electronic medical record of claim 19, wherein the server software responds to patient-preauthorized requests from third parties to electronically transmit medical record information to a remote location.

37. The patient-controlled electronic medical record system of claim 1, further comprising means for transferring hard copy medical record information into an electronic format for storage in the medical information database.

38. The method for patient control of an electronic medical record of claim 19, further comprising transferring hard copy medical record information into an electronic format for storage in the medical information database.

39. The patient-controlled electronic medical record system of claim 1, further comprising means for collecting and transferring patient medical record information from other sources in an electronic format for storage in the medical information database.

40. The method for patient control of an electronic medical record of claim 19, further comprising collecting and transferring patient medical record information from other sources in an electronic format for storage in the medical information database.

41. The patient-controlled electronic medical record system of claim 39, further comprising means for auditing the patient medical record information from other sources and correcting the patient medical record information from other sources as needed.

42. The method for patient control of an electronic medical record of claim 40, further comprising auditing the patient medical record information from other sources and correcting the patient medical record information from other sources as needed.

43. The patient-controlled electronic medical record system of claim 1, further comprising means for transferring a complete patient medical record from the medical information database to a medical provider for temporary offline use.

44. The method for patient control of an electronic medical record of claim 19, further comprising transferring a complete patient medical record from the medical information database to a medical provider for temporary offline use.

45. The patient-controlled electronic medical record system of claim 1, wherein medical provider software is an e-mail client and means for sending patient medical record information associated with the server responds to an order selected from the group consisting of preauthorized events, patient requests, and medical provider requests sent to an autoresponder using patient supplied information.

46. The method for patient control of an electronic medical record of claim 19, wherein medical provider software is an e-mail client and patient medical record information is sent in response to an order selected from the group consisting of preauthorized events, patient requests, and medical provider requests to an autoresponder using patient supplied information.